Addendum to the Controversy on chronic spasmodic stricture or wethrismus







ADDENDUM TO THE CONTROVERSY SPASMODIC STRICTURE OR URETHRISMUS.

To the Editor of the HOSPITAL GAZETTE:

DEAR SIR-In the last issue of THE HOSPITAL GAZETTE (July 12th, '79) Dr. Sands, in retiring formally from the controversy, which he opened in your journal Feb. 13th, 1879, calls attention to three alleged misquotations, in the article published by me in the GAZETTE of June 28th, in reply to an article of his own, published in a previous issue.

The first alleged misquotation is as follows:

"He has mistaken the natural obstacle situated in front of the triangular ligament for a muscular spasm.'

Whereas, he shows that, instead of this, he wrote:

"He has mistaken the natural obstacle I have referred to, as situated in front of the triangular ligament, for a contraction of the urethra occasioned by spasm."

In the second instance, I quote him as having said:

"I have heard of other cases in which death has followed the employment of the dilating urethrotome."

Instead of which it is shown that he wrote

"I have heard of a number of cases in which death has resulted from the employment of the dilating urothrotome."

I am not conscious of any attempt or desire, atany time, to misrepresent Dr. Sands, in the least particular. I fully intended to have made my quotations from his article correct both in the spirit and in the letter. I am at a loss to know how the insignificant verbal errors, above shown, could have crept into my article. Any attempt, however, to make it appear that there is a substantial difference between the two versions, in either case, must, I think, be set down as of the nature of a quibble.

For the third instance of alleged misquotation, Dr. Sands attempts to show that my so-called "verbatim et literatim" transcript of the New York hospital record, was not verbatim et liberatim. He places my version of the case of F. Whitehead* in one column, and another version of the same case in a column parallel to it; thus virtually claiming his to be the genuine transcript, and mine to be a false or mutilated one; leaving the inference that the records had been falsified, by me, for the purpose of strengthening my position in the late controversy between us.

Except that this unamiable attitude of Dr. Sands constitutes an imputation on my integrity, I should not have thought it worth while to reply. As it is, however, an explanation of the manner in which I obtained my transcript of the case of F. Whitehead, from the New

York Hospital records, becomes imperative.

^{*} Page 262 of the Gazette, and 8 of the reprint.

Some months previous to the late attack of Dr. Sands upon me, I sought and received from Dr. Geo. A Peters and Dr. Chas. M. Allin, surgeons of the New York Hospital, permission to have transcripts made from the records of that hospital, of certain cases which had been the subject of report to, and consideration by the Medical and Surgical Society of New York. And this simply with the intention of introducing them into a volume on the reflex irritations and neuroses of the genito-urinary tract which I was then preparing for publication. My friend Dr. M. J. De Rosset kindly offered to make these transcripts for me. This was done, and cases, to the number of six, were furnished me, by Dr. De Rosset, with the statement that the cases were copied from the New York Hospital records "verbatim et literatim."

The case of F. Whitehead (two versions of which are cited by Dr. Sands), was one of the cases transcribed by Dr. De Rosset. As soon as I became aware of Dr. Sands position in the matter, (Monday, July 21,) I communicated with Dr. De Rosset, sending him a copy of Dr. Sands implied charges, and asking him to give me a statement of his connection with the matter. On the afternoon of

the same day I received the following letter in reply:

(Copy.) No. 2400 Madison Avenue, New York, July 21, 1879.

DEAR DOCTOR OTIS—In reply to yours of this date, I beg leave to state that I made *no alteration whatever*, in the six cases of stricture which I transcribed for you, last winter, from the records of the N. Y. Hospital, but copied them precisely as they stand in a large folio called the "Record of Operations," which is in possession of the House Surgeon, and which appears to be the book for original entries.

The case of F. Whitehead stands on page 24 of that book precisely as you have stated it, and I can account for the discrepancies between Dr. Sands' version of it and your own (which I know to be correct), only by supposing that alterations were made in it by the clerk who transcribed it from the "Record of Operations" into the "Case Book," from which Dr. Vandervoort appears to have copied it for Dr. Sands.

Very truly yours,

M. J. DE ROSSET.

DR. F. N. Otis, 108 West Thirty-fourth street.

The two versions of the case of F. Whitehead, as cited by Dr. Sands, are so contrasted that the differences in matter and meaning between them appear at the first glance to be of the gravest character. A careful scrutiny, however, will disclose the remarkable fact that there is really no practical difference between them. The apparent difference results from an ingenious or accidental arrangement of the paragraphs and spaces. Dr. Sands says: "I desire (he desires) to draw attention to three misquotations, " * * leaving the reader to draw his own conclusions," and closes by "confessing my (his)

inability to discover what meaning Dr. Otis ascribes to the words 'verbatim et literatim.'"

Is it possible that Dr. Sands has taken the trouble to cite these alleged misquotations simply to call the attention of the medical profession to my presumed inability to appreciate the meaning and force of the words "verbatim et literatim?" If this is the fact, Dr. Sands has trifled with the medical profession and with the important questions at issue in the late controversy. If, on the other hand, with his known opportunities for ascertaining all the facts of the case, Dr. Sands has attempted to show, as he appears to have done, that my version of the case of F. Whitehead is a false one, his culpability cannot fail of recognition by all who interest themselves in the matter sufficiently to appreciate the nature and gravity of the questions and interests involved.

F. N. Otis, M.D.

108 West 34th St. NEW YORK, JULY 21st, 1879.

SANDS vs. OTIS.

NOTE IN REGARD TO THE "CORRECTION FROM DR. WEIR."
On page 262 of The Hospital Gazette (7 of the reprint), in a reply to Dr. Sands, I alluded to a case, previously cited from Dr. Allin's service, in these words: "The case referred to had been under Dr. Weir's observation and care for some time, was considered the subject of deep, close organic stricture, and treated as such, and was so considered when the service was entered upon by Dr. Allin."

Dr. Weir offers a correction to this statement and says that, "at the only examination made by myself (himself), a sound was arrested in a supposed false passage, and that then a filiform bougie was passed into the bladder without difficulty and without resistance, in other words" says Dr. Weir, "no proof of the existence of a stricture was obtained by this examination." Thus leaving it to be inferred that my statement above quoted was incorrect, and that he had not considered the case as one of deep close organic stricture, nor treated it as

such.

I have not stated that Dr. Weir had proven the existence of a stricture but that "it was considered" by him (Dr. Weir), a close,

deep organic stricture, and treated as such."

Now, if Dr. Weir did not consider the case one of organic stricture, what did he consider it, and for what did he treat the patient by means of sounds and filiform bougies. He says: "A filiform bougie was passed into the bladder without difficulty and without resistance." Why a filiform? Why not a full sized sound if there was no stricture? "A sound," he says, "was arrested in a supposed false passage," but surely there would have been no difficulty (in the absence of stricture) in passing a tunnelled sound over the filiform bougie, which "was passed into the bladder without difficulty and without resistance." What did Dr. Weir consider the case after it had

been under his care for several weeks and he had been unable to get anything larger than a filiform into the bladder? This was the state of things when Dr. Weir turned his service over to Dr. Allin. When Dr. Allin entered upon the service, he began at once to treat

the case as one of organic stricture.

Why did Dr. Allin treat the case as one of stricture, if Dr. Weir had not so *considered* it? Dr. Allin, in his report of the case to the Medical and Surgical Society, made the statement that it was "so considered," and had been treated as a case of close, deep organic stricture. My statement to that effect was based upon that of Dr. Allin.

Dr. Sands, in the account which he cites of this case (Bernard O'C., page 9 of Dr. Sands' second paper), states that he (the patient referred to by Dr. Weir), "passed stream of urine about size of knitting needle. Examination of urethra detected obstruction about 5 inches behind meatus, admitting only filiform bougie. At the same point, a steel sound, No. 25 F, entered what appeared to be a false passage. High fever, with thrombosis of the left femoral vein, followed this examination, and no further mechanical treatment was undertaken until Sept. 26th (patient was admitted July 31st), when the deep stricture was found to be impassable to filiform bougies." And yet Dr. Weir objects so strongly to having it supposed that he considered the case one of "deep, close organic structure" that he calls public attention to my alleged mistatement to that effect. Certainly if there was no stricture in the case, and it was one of false passage simply, any evidence favoring this view would support Dr. Sands, and thus account for the appearance of Dr. Weir's correction appended to Dr. Sands letter. If then Dr. Weir continues to believe, as he stated, that, at the only examination made by him no proof of the existence of stricture was obtained, will he now, after this review of the matter, state what sort of obstruction he did consider to have been present, and for what he treated the case.

F. N. OTIS, M.D.,

No. 108 WEST 34th ST., Aug. 1st, 1879.

¹ Italics my own.—F. N. O.



